

**Kindergarten Enrolment Application**

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| **Child & parent’s/guardian’s details** |
| Child’s family name:       Child’s first name: |
| Date of Birth:       Year attending kindergarten: |
| Sex (please circle):  Male  Female  Other Email: |
| Mother’s/guardian’s name:       Father’s/guardian’s name: |
| Child’s residential address:       Postcode: |
| Phone (home): |
| Mobile (mother/guardian):       (father/guardian): |
| Primary language and dialect spoken at home: |
| Do you use the interpreter services for English language? (please tick):  Yes  No |
| Do you have a current health care card? (please tick):  Yes  No |
| Do you have a child with additional needs or requirements? (please tick):  Yes  No |
| Are you/your child from an Aboriginal/Torres Strait Islander background? (please tick):  Yes  No |
| Are you/your child a Refugee/Asylum Seeker? (please tick):  Yes  No |
| How will your transport your child to kindergarten? (please circle):  Walking  Bike  Car  Train /Bus |

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| **Priority of access criteria** | **Priority 1** | **Priority 2** | **Priority 3** | **Priority 4** |
| Please tick the relevant box to the priority of access criteria that applies to your child/ family circumstances: | City of Greater Dandenong resident in  Priority 1 | City of Greater Dandenong resident in  Priority 2 | Non-resident  City of Greater Dandenong in  Priority 3 | Non-resident  City of Greater Dandenong in  Priority 4 |
| **Child health check** |  |  |  |  |
| Please tick the relevant visits you/your child have attended with a Maternal & Child Health Nurse: | Home visit  2 weeks  4 weeks | 8 weeks   4 months   8 months | 12 months   18 months   2 years | 3.5 years |
| **Immunisation record** |  |  |  |  |
| Please tick the relevant visits you/your child have attended with a Immunisation Nurse: | Birth | 2 months   4 months   6 months | 12 months    18 months | 4 years |

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| |  |  |  | | --- | --- | --- | | **Kindergarten preferences – Please indicate three kindergartens in order of preference** | | | | **Preference** | **Organisation** | **Address** | |  | Alfred St Early Learning Centre @ St Anthony’s | 33 Alfred Street, Noble Park | |  | Athol Road Primary Kindergarten | Athol Road Primary School,  159-167 Athol Road, Springvale South | |  | Bilbungra Kindergarten | 22 Filer Court, Keysborough | |  | Chandler Kindergarten | 160-162 Bloomfield Road, Keysborough | |  | Corrigan Rex Kindergarten | 28 Kingsclere Avenue, Keysborough | |  | Dandenong North Kindergarten | 70A McFees Road, Dandenong | |  | Dandenong North East Kindergarten | 10 Ingrid Street, Dandenong | |  | Dandenong Primary Kindergarten | Dandenong Primary School,  174-184 Foster St, Dandenong | |  | Dandenong South Kindergarten | 21 Canberra Avenue, Dandenong South | |  | Dandenong South Primary Kindergarten | Dandenong South Primary School,  70A Kirkham Road, Dandenong South | |  | Dandenong West Primary Kindergarten | Dandenong West Primary School,  32 Birdwood Avenue, Dandenong | |  | Darren Reserve Kindergarten | 3 Gillian Street, Springvale South | |  | Harrisfield Kindergarten | 62 Bowmore Road, Noble Park | |  | Heatherhill Kindergarten | 101 Noble Street, Noble Park | |  | Heritage Kindergarten | 2 Bakers Road Noble, Park North | |  | Keysborough Kindergarten | 364 Cheltenham Road, Keysborough | |  | Noble Park Kindergarten | Paddy O Donoghue Centre,  18-34 Buckley Street, Noble Park | |  | Olinda Avenue Kindergarten | 2 Olinda Avenue, Springvale | |  | Rosswood Kindergarten | 70 Outlook Drive, Dandenong North | |  | Shalimar Park Kindergarten | 1 Milan Court, Dandenong North | |  | Springside Kindergarten | 1A Shearman Court, Keysborough | |  | Springvale Rise Primary Kindergarten | Springvale Rise Heights Primary School,  32-52 Wareham Street, Springvale | |  | Springvale Service for Children | 26 Lightwood Road, Springvale | |  | Springvalley Kindergarten | 41-43 Clarke Road, Springvale South | |  | Yarraman Oaks Primary Kindergarten | 27 Liege Ave, Noble Park | |

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| **Parent/guardian declaration and signature** | |
| I/we give permission for Council’s Central Enrolment Officer to refer me and my child into other family and children’s services programs to support my child’s transition and inclusion into Kindergarten. This may include the Maternal and Child Health Nurse, Supported Playgroups, Preschool Field Officer Program, Family Services, Providers, Child First/Child Protection, Refugee Health Nurse, Immunisation Nurse, Koorie Education Support Officer, ECIS Providers or other specialists.  The information provided is true and correct for my child’s kindergarten enrolment application. I will notify Council, as soon as my circumstances change and I hereby declare, that my child has not enrolled or received state funded kindergarten previously, outside the priority of access criteria for a second year of state funded kindergarten. | |
| Signature: | Date:   /  / |